

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-1-03

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99213, 97250, 90780, 90781, 97530, 90782, 80050, 95015, 82947, 82150, 83690, 80050, 85025 and 95165.

II. FINDINGS

The provider withdrew the services that were denied based upon "V;" therefore, they will not be considered further.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-9-03 5-30-03 6-10-03 6-17-03 6-24-03 7-1-03 7-7-03 7-16-03 7-23-03	99213	\$48.00	\$0.00	No EOB	\$48.00	Rule 134.201	Per report by N. Allen, the carrier paid for date of service 4-9-03 and 5-30-03; therefore, they will not be considered further. MAR reimbursement of \$48.00 X 7 remaining dates = \$336.00 is recommended.
4-9-03 4-15-03 4-17-03 4-22-03 4-24-03 4-29-03 5-1-03 5-5-03 5-8-03	97530	\$35.00	\$0.00	No EOB	\$35.00	Rule 134.201	MAR reimbursement of \$35.00 X 26 dates = \$910.00 is recommended.

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5-12-03 5-22-03 5-28-03 5-30-03 6-10-03 6-12-03 6-17-03 6-19-03 6-26-03 7-1-03 7-3-03 7-7-03 7-9-03 7-14-03 7-16-03 7-21-03 7-23-03							
6-24-03	97530 (2)	\$70.00	\$0.00	No EOB	\$35.00 / 15 min	Rule 134.201	MAR reimbursement of \$70.00 is recommended.
8-11-03 8-13-03 8-15-03 8-18-03	97530	\$35.00	\$0.00	No EOB	\$36.48 or less amount	Rule 134.202	MAR reimbursement of \$35.00 X 4 = \$140.00 is recommended.
4-15-03 4-17-03 4-22-03 4-24-03 4-29-03 5-1-03 5-5-03 5-8-03 5-22-03 5-28-03 6-5-03 6-10-03 6-12-03 6-17-03 6-19-03 6-24-03 6-26-03 7-1-03 7-3-03 7-7-03 7-9-03 7-16-03 7-21-03 7-23-03 7-14-03	90780	\$71.00	\$0.00	No EOB	\$71.00	Rule 134.201	MAR reimbursement of \$71.00 X 25 dates = \$1775.00 is recommended.
8-11-03 8-13-03 8-15-03 8-18-03	90780	\$71.00	\$0.00	No EOB	\$56.44	Rule 134.202	MAR reimbursement of \$56.44 X 4 = \$225.76 is recommended.
7-3-03 7-7-03 7-14-03	90781	\$32.00	\$0.00	No EOB	\$32.00 / hr	Rule 134.201	MAR reimbursement of \$32.00 X 3 dates = \$96.00 is recommended.

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6-5-03 6-12-03 7-21-03 7-23-03	90781 (2)	\$64.00	\$0.00	No EOB	\$32.00 / hr	Rule 134.201	MAR reimbursement of \$64.00 X 4 dates = \$256.00 is recommended.
4-15-03 4-17-03 5-8-03 5-22-03 6-24-03 7-9-03	90781 (3)	\$96.00	\$0.00	No EOB	\$32.00 / hr	Rule 134.201	MAR reimbursement of \$96.00 X 6 dates = \$576.00 is recommended.
4-22-03 4-24-03 4-29-03 5-1-03 5-5-03 5-28-03 5-30-03 6-17-03	90781 (4)	\$128.00	\$0.00	No EOB	\$32.00 / hrs	Rule 134.201	MAR reimbursement of \$128.00 X 8 dates = \$1024.00 is recommended.
5-22-03 6-10-03 6-19-03 6-26-03 7-1-03 7-16-03	90781 (5)	\$160.00	\$0.00	No EOB	\$32.00 / hrs	Rule 134.201	MAR reimbursement of \$71.00 X 25 dates = \$1775.00 is recommended.
8-11-03 8-13-03 8-15-03 8-18-03	90781 (4)	\$128.00	\$0.00	No EOB	\$28.71 / hrs. X 4 = \$114.84.	Rule 134.202	MAR reimbursement of \$114.84 X 4 dates = \$459.36
4-29-03	90782	\$5.00	\$0.00	No EOB	\$13.00 or less	Rule 134.201	Per report by N. Allen, the carrier paid for date of service 4-29-03; therefore, they will not be considered further.
5-8-03 6-12-03 6-17-03 6-19-03 7-7-03 7-23-03	90782	\$13.00	\$0.00	No EOB	\$13.00	Rule 134.201	Per report by N. Allen, the carrier paid for date of service 7-23-03; therefore, they will not be considered further. MAR reimbursement of \$13.00 X 5 dates = \$65.00 is recommended.
5-22-03	90782(2)	\$26.00	\$0.00	No EOB	\$13.00 X 2 = \$26.00	Rule 134.201	MAR reimbursement of \$26.00 is recommended.
8-11-03	90782	\$26.00	\$0.00	No EOB	\$5.81 X 2 = \$11.62	Rule 134.202	MAR reimbursement of \$11.62 is recommended.
5-19-03	80050	\$68.00	\$0.00	No EOB	\$68.00	Rule 134.201	MAR reimbursement of \$68.00 is recommended.
5-30-03	95015(2)	\$20.00	\$0.00	No EOB	\$10.00 x 2 = \$20.00	Rule 134.201	MAR reimbursement of \$20.00 is recommended.
6-3-03	95015(4)	\$40.00	\$0.00	No EOB	\$10.00 X 4 = \$40.00	Rule 134.201	MAR reimbursement of \$40.00 is recommended.
6-5-03	95015(8)	\$80.00	\$0.00	No EOB	\$10.00 X 8 = \$80.00	Rule 134.201	MAR reimbursement of \$80.00 is recommended.

5-1-03 5-12-03 5-30-03 6-12-03 6-17-03 6-24-03 7-1-03 7-14-03 7-21-03	80050	\$68.00	\$0.00	No EOB	\$68.00	Rule 134.201	MAR reimbursement of \$68.00 X 9 dates = \$612.00 is recommended.
8-11-03	80050	\$68.00	\$0.00	No EOB	NRF	Rule 134.202	Service is not covered under Medicare.
6-17-03	82947	\$35.00	\$0.00	No EOB	\$13.00	Rule 134.201	MAR reimbursement of \$13.00 is recommended.
6-17-03	82150	\$30.00	\$0.00	No EOB	\$19.00	Rule 134.201	MAR reimbursement of \$19.00 is recommended.
6-17-03	83690	\$30.00	\$0.00	No EOB	\$22.00	Rule 134.201	MAR reimbursement of \$22.00 is recommended.
7-7-03	85025	\$20.00	\$0.00	No EOB	\$20.00	Rule 134.201	MAR reimbursement of \$20.00 is recommended.
7-7-03	80053	\$40.00	\$0.00	No EOB	NRF	Rule 134.201	Unrecognized code
7-23-03	95165	\$13.10 X 3 = \$39.30	\$0.00	No EOB	\$12.00 X 3 = \$36.00	Rule 134.201	MAR reimbursement of \$36.00 is recommended.
8-15-03	95015	\$20.00	\$0.00	No EOB	\$26.00	Rule 134.202	Note on HCFA indicates paid on 12- 03-03.
TOTAL							The requestor is entitled to reimbursement of \$8675.74.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 99213, 97250, 90780, 90781, 97530, 90782, 95015, 82947, 82150, 83690, 80050, 85025 and 95165 in the amount of \$ **8675.74**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$8675.74** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division